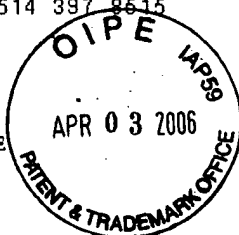




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**TELECOPIER TRANSMISSION****Date:** April 3, 2006**Number of pages including this one:** - 4 -

TO: Name: Issue Fee Department
Firm: USPTO
Fax: 1-571-273-2885

FROM: Name: Mr. Ronald S. Kosie
Direct line: (514) 397-6942
E-mail: rsk@bcf.ca
Ref. No.: 06447-010

Operator: Annie Oundjian
Telephone: (514) 397-6929

COMMENTS:

Re: Application N° 09/725,906

In the name of: UNIVERSITÉ DE MONTRÉAL

Issue fee due date: May 7, 2006

Dear Sir:

Please kindly attend to the payment of the issue fee as well as the publication fee in connection with the above referenced patent application.

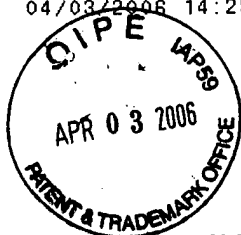
Sincerely yours,

Ronald S. Kosie
Patent Agent Reg. No. 28,814
(514) 397-6942
Enclosures

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Telephone: (514) 397-8500 Fax: (514) 397-8515



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. PATENT APPLICATION NO. : 09/725,906
FILING DATE : November 30, 2000
TITLE : METHODS FOR MAKING AND DELIVERING
RHO-ANTAGONIST TISSUE ADHESIVE
FORMULATIONS TO THE INJURED
MAMMALIAN CENTRAL AND PERIPHERAL
NERVOUS SYSTEMS AND USES THEREOF
APPLICANT/OWNER : UNIVERSITÉ DE MONTRÉAL
ATTORNEY DOCKET NO. : 06447-010 RSK/JFO/ao

Montreal, Quebec, Canada
April 3, 2006

COMMISSIONER FOR PATENTS
U.S. Patent and Trademark Office
Mail Stop ISSUE FEE
P.O. Box 1450
Alexandria, Virginia 22313-1450

ISSUE FEE

SIR:

We hereby refer to the Notice of Allowance and Fee(s) Due issued on February 7, 2006 in relation with the above-identified patent application.

In response to said Notice, we are transmitting herewith the duly completed form PTOL-85B (Part B - Fee(s) Transmittal sheet) along with credit card payment form PTO-2038 to be used for the payment of the issue fee as well as the publication fee in the amount of \$1,700.00.

As indicated on the attached credit card payment form PTO-2038, the Commissioner is hereby authorized to charge the amount of \$1,700.00 (large entity) to the credit card of Ronald S. Kosie, in payment of the issue fee and publication fee.

The Commissioner is further authorized to charge any deficiency or credit any overpayment to said credit card and, in due course, notify the undersigned.

Respectfully submitted,

UNIVERSITÉ DE MONTRÉAL.

Ronald S. Kosie
Patent Agent Reg. No. 28,814
(514) 397-6942
Enclosures



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or **Fax** (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7590 02/07/2006
BROUILLETTE KOSIE
25th Floor
1100 Rene-Levesque Blvd. West
Montreal, QC H3B 5C9
CANADA

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/725,906	11/30/2000	Lisa McKernacher	06447-003-US-02	9776

TITLE OF INVENTION: METHODS FOR MAKING AND DELIVERING RHO-ANTAGONIST TISSUE ADHESIVE FORMULATIONS TO THE INJURED MAMMALIAN CENTRAL AND PERIPHERAL NERVOUS SYSTEMS AND USES THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	05/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEGERT, SANDRA L	1647	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>RONALD S. KOSIE</u> 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE _____ (B) RESIDENCE: (CITY and STATE OR COUNTRY) _____

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).
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5. Change in Entry Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Ronald S. Kosie Date April 3, 2006
Typed or printed name Ronald S. KOSIE Registration No. 28,814

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04/04/2006 00000019 03725906